

Aiming to end San Francisco's HIV epidemic

Efforts to bring down HIV infection rates and increase access to treatment have seen HIV rates in San Francisco reach their lowest since the epidemic began, Tony Kirby reports.



San Francisco has been one of the focal points for the HIV epidemic since the very start in the 1980s, so it comes as no surprise that the city is one of those at the forefront of efforts to end HIV as a public health threat. While intensification of prevention and control efforts over the past 5 years have seen new HIV infections dropping to their lowest ever level, San Francisco continues to battle challenges relating to housing instability and injecting drug use, which, if not overcome, could prevent the city reaching its ultimate goal of no new infections. This is the mission of the Getting to Zero San Francisco consortium, formed in 2014, which draws together multiple organisations and agencies to drive down HIV infections and HIV-related deaths by 90% by 2020.

The consortium emerged from a public forum at the lesbian gay bisexual trans (LGBT) Center for World AIDS Day in 2013, entitled *Getting to Zero*, which featured new innovations in HIV prevention and care. Prompted by a question from an astute community member in the audience about coordination of efforts (or lack thereof) around the city, the forum organisers from the University of California San Francisco (UCSF), the area's Department of Public Health, the San Francisco AIDS Foundation, and Project Inform took steps to start a new initiative. "Getting to Zero San Francisco was motivated by the desire to provide a strategic and comprehensive city-wide approach to HIV that could provide citizens of San Francisco the latest evidence-based interventions on a path to eliminate new HIV infections, complications and deaths", says Diane Havlir (Professor of Medicine at UCSF and co-founder of Getting to Zero).

Getting to Zero San Francisco is based on the framework of collective impact,

bringing together multiple sectors of society to work towards a common set of goals. "Our first strategic plan called for PrEP [pre-exposure prophylaxis] scale-up, expansion of RAPID (treatment upon diagnosis), and intensified efforts to re-engage those who had fallen out of care", explains Susan Buchbinder (Director of Bridge HIV, a research unit within the Department of Public Health and a Getting to Zero cofounder and Clinical Professor of Medicine, Epidemiology and Biostatistics at UCSF, CA, USA). "The plan was vetted and discussed widely among HIV community leaders, providers and affected populations", adds Buchbinder. "A call went out for membership to the wider community including health-care organisations and foundations, academics, government agencies, and the business community."

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Currently, Getting to Zero has a volunteer membership roster of 250, and a much greater number doing the work of its five committees: PrEP, RAPID, Retention and Re-Engagement, Stigma, and Adolescents/Young Adults. These committees are each charged with developing annual strategic plans, metrics, and milestones, and they combine multiple strategies to improve care for people with or at risk of HIV infection and prevent new infections from occurring.

The Getting to Zero PrEP committee has been developing and implementing strategies to increase both supply and demand for PrEP among those who might benefit from this prevention

strategy. Through various initiatives, including academic detailing (public health workers training providers in delivery), and launching a robust team of PrEP navigators (linking potential users to providers, insurance, and patient assistance programmes), uptake has soared. They now estimate that the number of people using PrEP across San Francisco has increased four-fold from approximately 4400 in 2014 to over 16 000 in 2017. The PrEP Ambassador Program builds on the increasing number of users to spread the word about PrEP use within communities. A new effort combining social media campaigns with outreach, conducted through four community-based organisations, is focused on increasing uptake in vulnerable communities highly impacted by HIV, such as African American and Hispanic men who have sex with men, youth, and transgender women. "It is vital that PrEP benefits all San Francisco communities", notes Albert Liu, of Bridge HIV, who has co-chaired the Getting to Zero PrEP committee since its inception.

The RAPID committee is responsible for rapid ART initiation, and works with local HIV care providers to start newly diagnosed patients on ART as quickly as possible, no later than 5 days after diagnosis. This effort grew out of a pilot programme launched at Zuckerberg San Francisco General Hospital in 2013, which recognised the benefits to patients of empowering them to care for their new diagnosis, to improve their own health, and to reduce the risk of transmission to partners. "Since launching the programme, the city-wide average from first diagnosis to full virologic suppression is 66 days, representing a 54% decline over the past 3 years", says Susan Coffey (Zuckerberg San Francisco

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For more on [Getting to Zero](#) see <http://www.gettingtozerosf.org/>

For the [San Francisco Department of Health HIV epidemiology report](#) see <https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/AnnualReport2017-Green-20180904-Web.pdf>

For the [latest data up to mid-2018](#) see https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-SemiAnnualReport_20180630.pdf

For more on the [San Francisco Department of Public Health](#) see <https://www.sfdph.org/dph/default.asp>

For more on the [United Nations 90-90-90 Goal](#) see <http://www.unaids.org/en/resources/909090>



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The Bay Bridge links San Francisco and Oakland—HIV epicentres since the 1980s

General Hospital), chair of the RAPID committee.

The Getting to Zero Retention and Re-engagement committee helps to keep people in care and follow-up and to re-engage those patients who drop out of treatment for whatever reason. The Linkage, Integration, Navigation, and Comprehensive Services (LINCS) programme run by the San Francisco Department of Public Health has been particularly successful; while overall, only 32% of homeless individuals were fully virally suppressed in 2017, viral suppression was 62% among homeless individuals enrolled in the LINCS programme. The Retention and Re-engagement committee has launched other initiatives, including embedding retention specialists in clinics serving the most vulnerable populations of people living with HIV, and funding for intensive case management, food security, and employment services, with particular attention to those struggling with mental illness, substance use or unstable housing.

Another initiative being rolled out by the Retention and Re-Engagement committee is the installation of easy access mobile-phone charging stations

for people who are homeless or have unstable housing at various locations including clinics across San Francisco. “Homeless people find it very difficult to charge their phones, keeping their phones charged makes it easier for them to receive SMS messages and calls about their HIV care”, explains Diane Jones, a registered nurse who worked at Zuckerberg San Francisco General Hospital at the start of the HIV epidemic. “So far, more than 30 charging points have been installed.”

Two other committees (Stigma and Adolescents and Young Adults), have been formed relatively recently, with projects in a more nascent stage. The Stigma committee is launching two anti-stigma campaigns via social media, and the Adolescent and Young Adult committee is launching a large HIV testing and linkage initiative.

Overall, data coming from San Francisco suggest the Getting to Zero efforts are paying off. In 2013, before the programme began, there were 394 new HIV diagnoses. By 2017, this had fallen to 221, a 44% decrease. The rate of decrease slowed from 2016–17, with a fall of just 6%; however, early data from the first half of 2018 show there were 81 new diagnoses to the end of June. Should this trend hold, the new diagnoses for 2018 could drop below 200, the first time this landmark will have been reached since the start of the HIV epidemic in San Francisco. Viral suppression is 77% overall, an increase from 65% in 2013. HIV associated deaths have also fallen by more than 50% over the past 10 years. However, as noted by Buchbinder, “much more work remains to be done”.

Getting to Zero will be piloting new, innovative and novel interventions to address ongoing disparities and

health inequities by race or ethnicity, age, gender, and housing status. Moreover, the team knows that truly getting to zero new infections will not be possible without addressing the housing issues faced by vulnerable people in San Francisco. “We have launched a Housing Task Force in April 2018 to address the fundamental issue that there will be No Getting to Zero Without Housing. Housing insecurity and homelessness drive our disparities in HIV prevention and care”, explains Havlir. The task force is collaborating with other organisations and groups within the city who are also addressing homelessness. Furthermore, the San Francisco Department of Public Health has been awarded a \$2 million grant per year for 4 years from the Centers for Disease Control and Prevention to work on HIV, hepatitis C, and sexually transmitted disease prevention and treatment programmes for the most vulnerable populations, with a particular focus on those who are homeless or marginally housed.

“San Francisco has long been a pioneer and an innovator in HIV/AIDS control. The Getting to Zero campaign is a model of coordinated multisectorial innovation built on a framework of concerted action, coupled with ongoing monitoring and evaluation and continuous quality improvement”, says Julio Montaner (Executive Director and Physician-in-Chief at the BC-Centre for Excellence in HIV/AIDS Vancouver, British Columbia Canada). “Jurisdictions around the world should be encouraged to urgently adapt and adopt the San Francisco strategy to accelerate the pace towards the UN stated goal of reaching the 90-90-90 Target by 2020.”

Tony Kirby